APPLICATION FOR DESIGNATION TO IDENTIFY ANIMALS UNDER ACT 309, PA OF 1939, AS AMENDED

PRINT OR TYPE

Current Michigan Veterinary License Number (if applicable):	Name:					
Name of Clinic/Facility (if applicable): Address: Number Street City Zp'Code County Telephone Number Describe experience working with animals: Insurance Information: I have insurance to protect the public in case an untoward event occurs in association with the identifying of an animal. Yes No My Insurance Company is: My Agent's Name, Address, and Telephone Number is: STATEMENT OF CERTIFICATION: I certify that the above information is true and correct and that I have read and agree to abide by Act 309 of 1939, as amended, and the requirements set forth by the Michigan Department of Agriculture. Signature of Applicant. Date:	Current Mich	igan Veterinary Li	icense Number (if ap	oplicable):		
Address: Number Street City Zip*Code County*						
Telephone Number			,			
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						Act 309 of 1939,
Return this form to:	Signature of A	Applicant			Date:	
	Return this for	rm to:				

Michigan Department of Agriculture Animal Industry Division P.O. Box 30017 'Lansing, MI 48909

Copies of Act 309, P.A. 1939, as amended, and Michigan Department of Agriculture requirements are attached.